



## OCMCA FAST-ED Stroke Severity Scale Scoring Checklist

**Patient Name:** \_\_\_\_\_ **DOB:**    /    /

Last-known-well date and time:        /    /        @        :

Symptom discovery date and time:       /    /        @        :

Assessment Items	Score
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**Facial Palsy** – Ask the patient to show their teeth or smile.

1. Both sides of the face move equally or not at all.	0
2. One side of the face droops or is clearly asymmetric.	1

**Arm Weakness** – Ask the patient to extend both arms with palms up out in front of them, close their eyes, and hold them there for a count of 10.

1. Both arms remain up for >10 seconds or slowly move down equally.	0
2. Patient can raise arms but one arm drifts down in <10 seconds.	1
3. One or both arms fall rapidly, cannot be lifted, or no movement occurs at all.	2

**Speech Changes**

**Dysarthria** – Ask the patient to repeat the phrase: “*The sky is blue in Michigan.*”

<b>Is slurred speech present?</b> (circle one)	Yes	No
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**Expressive Aphasia** – Ask the patient to name 3 common items.

1. Names 2 to 3 items correctly.	0
2. Names only 0 - 1 items correctly.	1

**Receptive Aphasia** – Ask the patient to perform a simple command.  
Example: Ask the patient, “*show me two fingers.*”

1. Normal, patient can follow the simple command.	0
2. Unable to follow the simple command.	1

**Eye Deviation**

1. No deviation, eyes move equally to both sides.	0
2. Patient has clear difficulty when looking to one side (left or right).	1
3. Eyes are deviated to one side and do not move to the other side.	2

**Denial/Neglect** – (Do not perform if expressive or receptive aphasia is present)

**Anosognosia** – Show the patient their affected arm and ask, “*Do you feel weakness in this arm?*”

1. Patient recognizes the weakness in their weak arm.	0
2. Patient does NOT recognize the weakness in their weak arm.	1

**Asomatognosia** – Show the patient their affected arm and ask, “*Whose arm is this?*”

1. Patient recognizes their weak arm.	0
2. Patient does NOT recognize their weak arm.	1

<i>A FAST-ED score greater than or equal to 4 indicates a high likelihood of LVO stroke</i>	<b>Total Score</b>
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Does the patient have a previous history of stroke? (circle one):	Yes	No
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Notes:

Anticoagulant Medication Use			
Anticoagulants	No	Yes	If yes, document the date and time of last dose, if available
Coumadin/Warfarin			Date:    /    /        Time:    :
Pradaxa/Dabigatran			Date:    /    /        Time:    :
Eliquis/Apixaban			Date:    /    /        Time:    :
Xarelto/Rivaroxaban			Date:    /    /        Time:    :
Savaysa/Edoxaban			Date:    /    /        Time:    :
Heparin/Enoxaparin			Date:    /    /        Time:    :
Other anticoagulant:			Date:    /    /        Time:    :
<input type="checkbox"/> Unable to obtain a list of medications for this patient			

Vital Signs	
Time	
Blood Pressure	
Heart Rate	
Breathing Rate	
SpO2	
Blood Sugar	

Next of kin information		
Name	Relationship	Phone number

Stroke Patient Transported by Bloomfield Twp. Fire Department	
<b>Patient name:</b>	<b>DOB:</b> /    /
<b>Address:</b>	

Provide **original** to the receiving ED staff. Send **duplicate** to OCMCA